| >        |
|----------|
| 등        |
| e e      |
| ₹        |
| S        |
| ms       |
| ᅙ        |
|          |
| 424      |
| 8        |
| -866-    |
| 8        |
| 무        |
| _        |
| <u>2</u> |
| ci       |
| Ē        |
| 7-5      |
| ω̈       |
| 2        |
| ó        |
| Ņ        |
| Ŕ        |
|          |
| Ξ        |
| 0        |
|          |

| United Sta                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                           |                                                                                                                                                                    | Va                                  | oluntary Petition                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|--|
| ł                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name of Joint Debtor (Spouse) (Last, First, Middle):  Sauer, Lori Dalene                                 |                                           |                                                                                                                                                                    |                                     |                                                                            |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  dba Sauer Yard Service                                                                                                                                                                                                                                                         |                                                                 |                                                                    | All Other N                                                                                                                                                                                                                                                                                                                                                                                                                                            | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |                                           |                                                                                                                                                                    |                                     |                                                                            |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I. EIN (if more than one, state all): 2912                                                                                                                                                                                                                                                                                    | D. (ITIN) No./C                                                 | Complete                                                           | Last four d<br>EIN (if mo                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                           |                                                                                                                                                                    | `axpayer l                          | I.D. (ITIN) No./Complete                                                   |  |
| Street Address of Debtor (No. & Street, City, State & 2247 Goodspeed St.                                                                                                                                                                                                                                                                                                           | Zip Code):                                                      |                                                                    | 9247 Go                                                                                                                                                                                                                                                                                                                                                                                                                                                | odspee                                                                                                   |                                           | or (No. & Stree                                                                                                                                                    | et, City, S                         | State & Zip Code):                                                         |  |
| Ourham, CA                                                                                                                                                                                                                                                                                                                                                                         | ZIPCODE 959                                                     | 938                                                                | Durnam                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Durham, CA ZIPCODE 95938                                                                                 |                                           |                                                                                                                                                                    |                                     | ZIPCODE 95938                                                              |  |
| County of Residence or of the Principal Place of Busi<br>Butte                                                                                                                                                                                                                                                                                                                     | ness:                                                           |                                                                    | County of Butte                                                                                                                                                                                                                                                                                                                                                                                                                                        | Residence                                                                                                | or of th                                  | e Principal Pla                                                                                                                                                    | ce of Bus                           | siness:                                                                    |  |
| Mailing Address of Debtor (if different from street ad                                                                                                                                                                                                                                                                                                                             | ldress)                                                         |                                                                    | Mailing Ac                                                                                                                                                                                                                                                                                                                                                                                                                                             | ldress of Jo                                                                                             | oint Del                                  | otor (if differer                                                                                                                                                  | nt from st                          | reet address):                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                    | ZIPCODE                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                           |                                                                                                                                                                    |                                     | ZIPCODE                                                                    |  |
| ocation of Principal Assets of Business Debtor (if di                                                                                                                                                                                                                                                                                                                              | fferent from stre                                               | eet address a                                                      | ibove):                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                           |                                                                                                                                                                    | í                                   |                                                                            |  |
| T of D.Lia                                                                                                                                                                                                                                                                                                                                                                         |                                                                 | Not                                                                | Dunie                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T                                                                                                        |                                           | Chanter Cr                                                                                                                                                         |                                     | ZIPCODE                                                                    |  |
| Type of Debtor (Form of Organization)                                                                                                                                                                                                                                                                                                                                              |                                                                 | Nature of I                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | ,                                         |                                                                                                                                                                    |                                     | y Code Under Which I (Check one box.)                                      |  |
| Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  Corporation (includes LLC and LLP)  Partnership  Other (If debtor is not one of the above entities, check this box and state type of entity below.)                                                                                                                                                    | Single As U.S.C. §  Railroad Stockbrok Commodi Clearing I Other | to 1(51B)  ker ity Broker Bank  Tax-Exem Check box, if a tax-exemp | ate as defined in 11  Chapter 9 Chapter 11 Main Proceeding Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.)  Pt Entity f applicable.) of organization under States Code (the  Recognition of a Foreign Nonmain Proceeding  Nature of Debts (Check one box.)  Debts are primarily consumer Debts are debts, defined in 11 U.S.C. business of individual primarily for a personal, family, or house- |                                                                                                          |                                           | ecognition of a Foreign ain Proceeding napter 15 Petition for ecognition of a Foreign enmain Proceeding of Debts ne box.) ner  Debts are primarily business debts. |                                     |                                                                            |  |
| Filing Fee (Check one box)  Full Filing Fee attached  Filing Fee to be paid in installments (Applicable to only). Must attach signed application for the court' consideration certifying that the debtor is unable to except in installments. Rule 1006(b). See Official I Filing Fee waiver requested (Applicable to chapter only). Must attach signed application for the court' | s pay fee Form 3A.                                              | Debtor Check if: Debtor' than \$2 Check all                        | is a small busing is not a small busing is not a small busing 343,300 (amorapplicable box is being filed w                                                                                                                                                                                                                                                                                                                                             | ncontingen<br>unt subject                                                                                | as defi<br>btor as<br>t liquid<br>to adju | defined in 11 ( ated debts owe siment on 4/0.                                                                                                                      | C. § 101(<br>U.S.C. §<br>ed to non- | insiders or affiliates are less every three years thereafter).             |  |
| consideration. See Official Form 3B.                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                    | ances of the pla<br>ance with 11 U.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                           | repetition from                                                                                                                                                    | one or n                            | nore classes of creditors, in                                              |  |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for our Debtor estimates that, after any exempt property in distribution to unsecured creditors.                                                                                                                                                                                           |                                                                 |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | id, there w                                                                                              | ill be no                                 | funds availab                                                                                                                                                      | le for                              | THIS SPACE IS FOR COURT USE ONLY                                           |  |
| Estimated Number of Creditors  -49 50-99 100-199 200-999 1,00 5,00                                                                                                                                                                                                                                                                                                                 |                                                                 | 1- 1                                                               | 0,001-<br>5,000                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25,001-<br>50,000                                                                                        |                                           | 50,001-<br>100,000                                                                                                                                                 | Over 100,000                        | )                                                                          |  |
| stimated Assets                                                                                                                                                                                                                                                                                                                                                                    | ,                                                               | _                                                                  | 550,000,001 to                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$100,000<br>to \$500 n                                                                                  |                                           | \$500,000,001<br>to \$1 billion                                                                                                                                    | \$1                                 | 2010-51076<br>FILED                                                        |  |
| stimated Liabilities                                                                                                                                                                                                                                                                                                                                                               |                                                                 | _                                                                  | ]<br>50,000,001 to<br>100 million                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                           | \$500,000,001<br>to \$1 billion                                                                                                                                    | Me<br>S 1                           | November 24, 20:<br>11:51 AM<br>RELIEF ORDERED<br>LERK, U.S. BANKRUPTCY CO |  |
|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                           |                                                                                                                                                                    |                                     | STERN DISTRICT OF CALIFO                                                   |  |

| B1 (Official Form 1) (4/10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                                                                             | NI CDALA                      | Page .                                                                                                                |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|
| Voluntary Petition (This page must be completed and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ary Petition  ge must be completed and filed in every case)  Name of Debtor(s):  Sauer, Dirck Alan & Sauer, Lori Dalene |                               |                                                                                                                       |  |  |
| Prior Bankr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | uptcy Case Filed Within Last 8                                                                                          | Years (If more than two       | , attach additional sheet)                                                                                            |  |  |
| Location<br>Where Filed: <b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | Case Number:                  | Date Filed:                                                                                                           |  |  |
| Location<br>Where Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | Case Number:                  | Date Filed:                                                                                                           |  |  |
| Pending Bankruptcy Case Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | iled by any Spouse, Partner or                                                                                          | Affiliate of this Debto       | r (If more than one, attach additional sheet)                                                                         |  |  |
| Name of Debtor:<br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | Case Number:                  | Date Filed:                                                                                                           |  |  |
| District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | Relationship:                 | Judge:                                                                                                                |  |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.  Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, or that I have informed the petitioner that [he or she] may proceed chapter 7, 11, 12, or 13 of title 11, United States Code, and explained the relief available under each such chapter. I further that I delivered to the debtor the notice required by § 342(b) Bankruptcy Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                               |                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Evhi                                                                                                                    | bit C                         | Vebtor(s) / Date                                                                                                      |  |  |
| Does the debtor own or have possess or safety?  Yes, and Exhibit C is attached an No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | alleged to pose a threat of i | imminent and identifiable harm to public health                                                                       |  |  |
| (To be completed by every individual Exhibit D completed and sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                               | and attach a separate Exhibit D.)                                                                                     |  |  |
| If this is a joint petition:  Exhibit D also completed and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d signed by the joint debtor is attach                                                                                  | ed a made a part of this pe   | etition.                                                                                                              |  |  |
| - Control of the Cont |                                                                                                                         | ng the Debtor - Venue         |                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                               | sets in this District for 180 days immediately istrict.                                                               |  |  |
| ☐ There is a bankruptcy case co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oncerning debtor's affiliate, general p                                                                                 | partner, or partnership pen   | nding in this District.                                                                                               |  |  |
| or has no principal place of bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | but is a defendant in an act  | al assets in the United States in this District,<br>ion or proceeding [in a federal or state court]<br>this District. |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cation by a Debtor Who Reside<br>(Check all app<br>inst the debtor for possession of deb                                | olicable boxes.)              |                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Name of landlord or less                                                                                               | or that obtained judgment     |                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Address of lar                                                                                                         | ndlord or lessor)             |                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | olicable nonbankruptcy law, there are that gave rise to the judgment for pos                                            |                               | ch the debtor would be permitted to cure t for possession was entered, and                                            |  |  |
| Debtor has included in this p<br>filing of the petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | etition the deposit with the court of                                                                                   | any rent that would becom     | ne due during the 30-day period after the                                                                             |  |  |

 $\square$  Debtor certifies that he/she has served the Landlord with this cer@fication. (11 U.S.C. § 362(l)).

Date

| B1 (Official Form 1) (4/10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Page 3 Name of Debtor(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Voluntary Petition (This page must be completed and filed in every case)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sauer, Dirck Alan & Sauer, Lori Dalene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ntures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature(s) of Debtor(s) (Individual/Joint)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature of a Foreign Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X  Signature of Debtor  Dirck Alan Sauer  X  Signature of Joint Debtor  Lori Dalene Sauer  (530) 891-6278  Telephone Number (If not represented by attorney) | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  X  Signature of Foreign Representative  Date |
| Date Signature of Attorney*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signature of Non-Attorney Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature of Adorney for Debtors)  Douglas B. Jacobs 084153  Douglas B. Jacobs  Jacobs, Anderson, Potter and Chaplin 20 Independence Circle Chico, CA 95973  djacobs@jacobsanderson.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.   |
| <b>.,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Printed Name and title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1/23/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Signature of Debtor (Corporation/Partnership)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Signature of Authorized Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Printed Name of Authorized Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  A bankruptcy petition preparer's failure to comply with the provisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Title of Authorized Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# @ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# United States Bankruptcy Court Eastern District of California

| IN RE:                                                                                                                                                                                                                                                                                                                                                                                 | Case No.                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sauer, Dirck Alan                                                                                                                                                                                                                                                                                                                                                                      | Chapter 7                                                                                                                                                                                                |
| Debtor(s)                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |
| EXHIBIT D - INDIVIDUAL DEBTOR<br>CREDIT COUNSELIN                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |
| Warning: You must be able to check truthfully one of the five stado so, you are not eligible to file a bankruptcy case, and the cour whatever filing fee you paid, and your creditors will be able to reand you file another bankruptcy case later, you may be required to stop creditors' collection activities.                                                                      | t can dismiss any case you do file. If that happens, you will lose esume collection activities against you. If your case is dismissed                                                                    |
| Every individual debtor must file this Exhibit D. If a joint petition is fit<br>one of the five statements below and attach any documents as directe                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, and I have a certificate from the certificate and a copy of any debt repayment plan developed through                                                                                            | he opportunities for available credit counseling and assisted me in agency describing the services provided to me. Attach a copy of the                                                                  |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, but I do not have a certificate from the agency describing the services provide the agency no later than 14 days after your bankruptcy case is filed.                                              | ne opportunities for available credit counseling and assisted me in om the agency describing the services provided to me. You must file                                                                  |
| 3. I certify that I requested credit counseling services from an appr<br>days from the time I made my request, and the following exigent<br>requirement so I can file my bankruptcy case now. [Summarize exigent]                                                                                                                                                                      | circumstances merit a temporary waiver of the credit counseling                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |
| If your certification is satisfactory to the court, you must still obeyou file your bankruptcy petition and promptly file a certificate from from the same of any debt management plan developed through the agency. Fail case. Any extension of the 30-day deadline can be granted only for also be dismissed if the court is not satisfied with your reasons to counseling briefing. | om the agency that provided the counseling, together with a copy<br>lure to fulfill these requirements may result in dismissal of your<br>or cause and is limited to a maximum of 15 days. Your case may |
| 4. I am not required to receive a credit counseling briefing because motion for determination by the court.                                                                                                                                                                                                                                                                            | e of: [Check the applicable statement.] [Must be accompanied by a                                                                                                                                        |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by of realizing and making rational decisions with respect to final                                                                                                                                                                                                                                                        | reason of mental illness or mental deficiency so as to be incapable incial responsibilities.);                                                                                                           |
| <ul> <li>Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically participate in a credit counseling briefing in person, by teleph</li> <li>Active military duty in a military combat zone.</li> </ul>                                                                                                                                                                              | impaired to the extent of being unable, after reasonable effort, to one, or through the Internet.);                                                                                                      |
| 5. The United States trustee or bankruptcy administrator has deter<br>does not apply in this district.                                                                                                                                                                                                                                                                                 | mined that the credit counseling requirement of 11 U.S.C. § 109(h)                                                                                                                                       |
| I certify under penalty of perjury that the information provided                                                                                                                                                                                                                                                                                                                       | above is true and correct.                                                                                                                                                                               |
| Signature of Debtor:                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |
| Doto:                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |

Certificate Number: 01356-CAE-CC-012808764



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on October 27, 2010, at 10:55 o'clock AM EDT, Dirck Sauer received from Hummingbird Credit Counseling and Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

| Date: | October 27, 2010 | By:    | /s/Tabatha Boyd     |
|-------|------------------|--------|---------------------|
|       |                  | Name:  | Tabatha Boyd        |
|       | ·                | Title: | Certified Counselor |

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

# @ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# United States Bankruptcy Court Eastern District of California

| IN RE:                                                                                                                                                                                       | Case No.                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sauer, Lori Dalene                                                                                                                                                                           | Chapter 7                                                                                                                                                                                                                                                                                                                                       |
| Debtor(s)                                                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                              | R'S STATEMENT OF COMPLIANCE<br>ING REQUIREMENT                                                                                                                                                                                                                                                                                                  |
| do so, you are not eligible to file a bankruptcy case, and the cou<br>whatever filing fee you paid, and your creditors will be able to                                                       | ratements regarding credit counseling listed below. If you cannot rt can dismiss any case you do file. If that happens, you will lose resume collection activities against you. If your case is dismissed d to pay a second filing fee and you may have to take extra steps                                                                     |
| Every individual debtor must file this Exhibit D. If a joint petition is jone of the five statements below and attach any documents as direct                                                | filed, each spouse must complete and file a separate Exhibit D. Check<br>eted.                                                                                                                                                                                                                                                                  |
| the United States trustee or bankruptcy administrator that outlined                                                                                                                          | <b>e</b> , I received a briefing from a credit counseling agency approved by the opportunities for available credit counseling and assisted me in e agency describing the services provided to me. Attach a copy of the gh the agency.                                                                                                          |
| the United States trustee or bankruptcy administrator that outlined performing a related budget analysis, but I do not have a certificate                                                    | e, I received a briefing from a credit counseling agency approved by the opportunities for available credit counseling and assisted me in from the agency describing the services provided to me. You must file ded to you and a copy of any debt repayment plan developed through d.                                                           |
|                                                                                                                                                                                              | proved agency but was unable to obtain the services during the seven<br>it circumstances merit a temporary waiver of the credit counseling<br>gent circumstances here.]                                                                                                                                                                         |
|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                 |
| you file your bankruptcy petition and promptly file a certificate of any debt management plan developed through the agency. Facase. Any extension of the 30-day deadline can be granted only | btain the credit counseling briefing within the first 30 days after from the agency that provided the counseling, together with a copy silure to fulfill these requirements may result in dismissal of your for cause and is limited to a maximum of 15 days. Your case may so for filing your bankruptcy case without first receiving a credit |
| motion for determination by the court.]                                                                                                                                                      | se of: [Check the applicable statement.] [Must be accompanied by a                                                                                                                                                                                                                                                                              |
| of realizing and making rational decisions with respect to fin Disability. (Defined in 11 U.S.C. § 109(h)(4) as physicall participate in a credit counseling briefing in person, by telep    | y impaired to the extent of being unable, after reasonable effort, to                                                                                                                                                                                                                                                                           |
| Active military duty in a military combat zone.  5. The United States trustee or bankruptcy administrator has det does not apply in this district.                                           | ermined that the credit counseling requirement of 11 U.S.C. § 109(h)                                                                                                                                                                                                                                                                            |
| I certify under penalty of perjury that the information provide                                                                                                                              | d above is true and correct.                                                                                                                                                                                                                                                                                                                    |
| , ,                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
| Signature of Debtor: Mi Wallet                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                 |

Certificate Number: 01356-CAE-CC-012808765



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on October 27, 2010, at 10:55 o'clock AM EDT, Lori Sauer received from Hummingbird Credit Counseling and Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: October 27, 2010 By: /s/Tabatha Boyd Name: Tabatha Boyd Title: Certified Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

| >  |
|----|
| ె  |
| 0  |
| ω  |
| ä  |
| ×  |
| €  |
| o  |
| S  |
| ŝ  |
| E  |
| ō  |
| щ  |
|    |
| 4  |
| #  |
| 5  |
| 4  |
| ĕ  |
| Õ  |
| ó  |
| Ö  |
| ထု |
| Ξ  |
| o  |
| ĕ  |
| _  |
| Ö  |
| .⊑ |
| 歪  |
| Э. |
| Z  |
| =  |
| 2  |
| ó  |
| Ç  |
| 3  |
| 8  |
| ~  |
| 0  |
| 9  |
|    |
|    |

| B22A (Official Form 22A) (Chapter 7) (04/10)  | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| In re: Sauer, Dirck Alan & Sauer, Lori Dalene | <ul><li>☐ The presumption arises</li><li>☑ The presumption does not arise</li><li>☐ The presumption is temporarily inapplicable.</li></ul> |
| Case Number: (Ifknown)                        |                                                                                                                                            |

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|    | Part I. MILITARY AND NON-CONSUMER DEBTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1A | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | □ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1B | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C | Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | b.  I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part II. CALCULATION OF                 | MONTH             | LY INCO    | ME FOR § 707(b)(7) E   | XCLUSIO      | V                   |                                |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|------------|------------------------|--------------|---------------------|--------------------------------|
|   | <ul> <li>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</li> <li>a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</li> <li>b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</li> <li>c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</li> <li>d. ☑ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for</li> </ul> |                                         |                   |            |                        |              | under<br>ouse and I |                                |
| 2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                   |            |                        |              | plete both          |                                |
|   | a. <u>V</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lines 3-11.                             | n Column <i>A</i> | A ("Debtor | 's Income") and Column | B ("Spouse's | Inc                 | ome") for                      |
|   | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Column A  Debtor's  Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                   |            |                        |              |                     | Column B<br>Spouse's<br>Income |
| 3 | Gro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ss wages, salary, tips, bonuses, overti | me, commis        | ssions.    |                        | \$           |                     | \$ 2,000.00                    |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                   |            |                        |              |                     |                                |
|   | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gross receipts                          |                   | \$         | 5,250.00               |              |                     |                                |
|   | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ordinary and necessary business expe    | enses             | \$         | 1,519.00               |              |                     |                                |
|   | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Business income                         |                   | Subtract I | Line b from Line a     | \$ 3,731.    | 00 3                | \$                             |
| • | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                   |            |                        |              |                     |                                |
| 5 | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gross receipts                          |                   | \$         |                        |              |                     |                                |
|   | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ordinary and necessary operating exp    | penses            | \$         |                        |              |                     |                                |
|   | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rent and other real property income     |                   | Subtract I | Line b from Line a     | \$           |                     | \$                             |
| 6 | Inte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rest, dividends, and royalties.         |                   |            |                        | \$           | 9                   | \$                             |
| 7 | Pens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | sion and retirement income.             |                   |            |                        | \$           |                     | \$                             |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                   |            |                        | \$           |                     |                                |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                   |            |                        |              |                     | -                              |
|   | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                   |            |                        | \$           |                     | Б                              |

| orms Software Only |
|--------------------|
| ŭ.                 |
| [1-800-998-2424] - |
| 5                  |
| EZ-Filing, I       |
| @ 1993-2010        |

| <u>B22A (</u> | Official Form 22A) (Chapter 7) (04/10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |         |          |    |           |  |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|----------|----|-----------|--|
| 10            | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |         |          |    |           |  |
|               | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                |         |          |    |           |  |
|               | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                |         |          |    |           |  |
|               | Total and enter on Line 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | \$      |          | \$ |           |  |
| 11            | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). \$ 3,731.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |         | 3,731.00 | \$ | 2,000.00  |  |
| 12            | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |         |          |    | 5,731.00  |  |
|               | Part III. APPLICATION OF § 707(B)(7) F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EXCLUSION         |         |          |    |           |  |
| 13            | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. \$ 68,772.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |         |          |    | 68,772.00 |  |
| 14            | <b>Applicable median family income.</b> Enter the median family income for the household size. (This information is available by family size at <a href="www.usdoj.g">www.usdoj.g</a> the bankruptcy court.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |         | k of     |    |           |  |
|               | a. Enter debtor's state of residence: California b. Ente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r debtor's househ | old siz | ze: 4    | \$ | 77,596.00 |  |
| 15            | Application of Section707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.  The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |         |          |    |           |  |
|               | the state of the s |                   |         |          |    |           |  |

# Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

|     |                                                                                                                                                                                                                                                                                                                                      | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 77(b)(2)  |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| 16  | Ente                                                                                                                                                                                                                                                                                                                                 | r the amount from Line 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$        |  |  |  |
| 17  | Line<br>debto<br>paym<br>debto                                                                                                                                                                                                                                                                                                       | Ital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income line. It is column B that was NOT paid on a regular basis for the household expenses of the debtor of the specified in the lines below the basis for excluding the Column B income (such the spouse's tax liability or the spouse's support of persons other than the debtor or the per's dependents) and the amount of income devoted to each purpose. If necessary, list additional tements on a separate page. If you did not check box at Line 2.c, enter zero. | or the as |  |  |  |
|     | a.                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |  |
|     | b.                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |  |
|     | c.                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |  |
|     | Total and enter on Line 17.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |  |  |  |
| 18  | Curi                                                                                                                                                                                                                                                                                                                                 | rent monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$        |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                      | Part V. CALCULATION OF DEDUCTIONS FROM INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                      | Subpart A: Deductions under Standards of the Internal Revenue Service (IRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S)        |  |  |  |
| 19A | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |  |  |  |

expenses for a vehicle and also use public transportation, and you contend that you are entitled to an

additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at

www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)

National Standards: health care. Enter in Line all below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line all the IRS National Standards for

Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at

22B

B22A (Official Form 22A) (Chapter 7) (04/10)

 $\square$  1  $\square$  2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; 23 subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 b. \$ Net ownership/lease expense for Vehicle 1 c. Subtract Line b from Line a \$ Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. 24 a. IRS Transportation Standards, Ownership Costs, Second Car \$ Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 b. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a \$ Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all 25 federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. \$ Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly 26 payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay 27 for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. \$ Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are 28 required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. \$ Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of 29 employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. \$ Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend 30 on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not 31 reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that

you actually pay for telecommunication services other than your basic home telephone and cell phone

Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.

service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously

\$

Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

32

33

deducted.

B22A (Official Form 22A) (Chapter 7) (04/10)

than two vehicles.)

# Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses, List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. Health Insurance \$ \$ Disability Insurance 34 \$ Health Savings Account Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an 35 elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and 36 Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. \$ Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must 37 provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. \$ Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92\* per child, for attendance at a private or public elementary or 38 secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. \$ Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS 39 National Standards, not to exceed 5% of those combined allowances, (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. \$ Continued charitable contributions. Enter the amount that you will continue to contribute in the form of 40 cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). 41 Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

|    | Subpart C: Deductions for Debt Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            |                               |                                          |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|-------------------------------|------------------------------------------|----|
|    | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            |                               |                                          |    |
| 42 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Property    | Securing the Debt          | Average<br>Monthly<br>Payment | Does payment include taxes or insurance? |    |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            | \$                            | yes no                                   |    |
|    | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            | \$                            | yes no                                   |    |
|    | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            | \$                            | yes no                                   |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | Total: Ac                  | dd lines a, b and c.          |                                          | \$ |
|    | resid<br>you r<br>credi<br>cure<br>forec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary esidence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the preditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a eparate page. |             |                            |                               |                                          |    |
| 43 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Property Securing the Debt |                               | 1/60th of the<br>Cure Amount             |    |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            |                               | \$                                       |    |
|    | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            |                               | \$                                       |    |
|    | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            | ···                           | \$                                       |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total: Add lines a, b and c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                            |                               |                                          | \$ |
| 44 | such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nents on prepetition priority cl<br>as priority tax, child support and<br>ruptcy filing. Do not include cu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | alimony     | claims, for which you      | u were liable at the ti       | me of your                               | \$ |
|    | follo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | pter 13 administrative expenses wing chart, multiply the amount inistrative expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                            |                               |                                          |    |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Projected average monthly cha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pter 13 pla | an payment.                | \$                            |                                          |    |
| 45 | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)                                                                                                                                                                                                                                                                                                                                                                                  |             | for United States          | Х .                           |                                          |    |
|    | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Average monthly administrative expense of chapter 13 Total: Multiply Lines a and b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | es a                       | \$                            |                                          |    |
| 46 | Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | l Deductions for Debt Paymen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | t. Enter th | e total of Lines 42 th     | rough 45.                     |                                          | \$ |
| ,  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | : Total Deductions         |                               |                                          |    |
| 47 | 7 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                            |                               | \$                                       |    |

| DAA I        | /O.C    | 303  | 22.4 | (0)       | #N (0.4/4.0) |
|--------------|---------|------|------|-----------|--------------|
| <b>n</b> ZZA | илистат | rorm | ZZAI | rt nanter | 7) (04/10)   |

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

|                                                                                                                                                                                                                                | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION                                                                                                                                                                                                                                                                                                   | Ŋ              |                 |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|--|--|--|--|
| 48                                                                                                                                                                                                                             | 8 Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) \$                                                                                                                                                                                                                                                                         |                |                 |  |  |  |  |
| 49                                                                                                                                                                                                                             | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))                                                                                                                                                                                                                                                                   |                |                 |  |  |  |  |
| 50                                                                                                                                                                                                                             | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the                                                                                                                                                                                                                                                            | result.        | \$              |  |  |  |  |
| 51                                                                                                                                                                                                                             | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the num enter the result.                                                                                                                                                                                                                                           | ber 60 and     | \$              |  |  |  |  |
|                                                                                                                                                                                                                                | Initial presumption determination. Check the applicable box and proceed as directed.                                                                                                                                                                                                                                                                |                |                 |  |  |  |  |
|                                                                                                                                                                                                                                | The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does of this statement, and complete the verification in Part VIII. Do not complete the remainded                                                                                                                                                                   |                | e top of page 1 |  |  |  |  |
| 52                                                                                                                                                                                                                             | The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presur page 1 of this statement, and complete the verification in Part VIII. You may also complete the remainder of Part VI.                                                                                                                                         |                |                 |  |  |  |  |
|                                                                                                                                                                                                                                | The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the 53 though 55).                                                                                                                                                                                                                                                | remainder of F | Part VI (Lines  |  |  |  |  |
| 53                                                                                                                                                                                                                             | Enter the amount of your total non-priority unsecured debt                                                                                                                                                                                                                                                                                          |                | \$              |  |  |  |  |
| 54                                                                                                                                                                                                                             | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and erresult.                                                                                                                                                                                                                                               | nter the       | \$              |  |  |  |  |
|                                                                                                                                                                                                                                | Secondary presumption determination. Check the applicable box and proceed as directed.                                                                                                                                                                                                                                                              |                |                 |  |  |  |  |
| 55                                                                                                                                                                                                                             | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.                                                                                                                                                  |                |                 |  |  |  |  |
| The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete VII. |                                                                                                                                                                                                                                                                                                                                                     |                |                 |  |  |  |  |
|                                                                                                                                                                                                                                | Part VII. ADDITIONAL EXPENSE CLAIMS                                                                                                                                                                                                                                                                                                                 |                | ·               |  |  |  |  |
|                                                                                                                                                                                                                                | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. | om your curren | it monthly      |  |  |  |  |
|                                                                                                                                                                                                                                | Expense Description                                                                                                                                                                                                                                                                                                                                 | Monthly A      | mount           |  |  |  |  |
| 56                                                                                                                                                                                                                             | a.                                                                                                                                                                                                                                                                                                                                                  | \$             |                 |  |  |  |  |
|                                                                                                                                                                                                                                | b                                                                                                                                                                                                                                                                                                                                                   | \$             |                 |  |  |  |  |
|                                                                                                                                                                                                                                | c.                                                                                                                                                                                                                                                                                                                                                  | \$             |                 |  |  |  |  |
|                                                                                                                                                                                                                                | Total: Add Lines a, b and c                                                                                                                                                                                                                                                                                                                         | \$             |                 |  |  |  |  |
|                                                                                                                                                                                                                                | Part VIII. VERIFICATION                                                                                                                                                                                                                                                                                                                             |                |                 |  |  |  |  |
| 57                                                                                                                                                                                                                             | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)  Date: 11-24-10 Signature: McDauer  Date: 11-24-10 Signature: McDauer                                                                                                                       |                |                 |  |  |  |  |
| Date: 11-24-10 Signature: #WebSauer (Joint Debtor, if any)                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                     |                |                 |  |  |  |  |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

# **United States Bankruptcy Court Eastern District of California**

| IN RE:                                 | Case No.  |
|----------------------------------------|-----------|
| Sauer, Dirck Alan & Sauer, Lori Dalene | Chapter 7 |
| Debtor(s)                              | *         |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                                                   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|------------------------------------------------------------------------------------|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property                                                                  | Yes                  | 1                   | \$ 290,000.00 |               |             |
| B - Personal Property                                                              | Yes                  | 3                   | \$ 38,424.00  |               |             |
| C - Property Claimed as Exempt                                                     | Yes                  | 1                   |               |               |             |
| D - Creditors Holding Secured Claims                                               | Yes                  | 1                   |               | \$ 309,189.00 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |               | \$ 0.00       |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 4                   |               | \$ 66,988.00  |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |               |               |             |
| H - Codebtors                                                                      | Yes                  | 1                   |               |               |             |
| I - Current Income of Individual Debtor(s)                                         | Yes                  | 1                   |               |               | \$ 6,090.00 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 2                   |               |               | \$ 6,305.00 |
|                                                                                    | TOTAL                | 16                  | \$ 328,424.00 | \$ 376,177.00 |             |

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# @ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# United States Bankruptcy Court Eastern District of California

| IN RE:                                                                                                                                                                       | Case No.                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Sauer, Dirck Alan & Sauer, Lori Dalene                                                                                                                                       | Chapter 7                                         |
| Debtor(s)                                                                                                                                                                    |                                                   |
| STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND                                                                                                                               | RELATED DATA (28 U.S.C. § 159)                    |
| If you are an individual debtor whose debts are primarily consumer debts, as defined 101(8)), filing a case under chapter 7, 11 or 13, you must report all information reque |                                                   |
| Check this box if you are an individual debtor whose debts are NOT primarily coinformation here.                                                                             | onsumer debts. You are not required to report any |
| This information is for statistical purposes only under 28 U.S.C. § 159.                                                                                                     |                                                   |
| Summarize the following types of liabilities, as reported in the Schedules, and to                                                                                           | tal them.                                         |

| Type of Liability                                                                                                   | Amount     |
|---------------------------------------------------------------------------------------------------------------------|------------|
| Domestic Support Obligations (from Schedule E)                                                                      | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)                                          | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)                                                                          | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL                                                                                                               | \$<br>0.00 |

# State the following:

| Average Income (from Schedule I, Line 16)                                         | \$ | 6,090.00 |
|-----------------------------------------------------------------------------------|----|----------|
| Average Expenses (from Schedule J, Line 18)                                       | \$ | 6,305.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C |    |          |
| Line 20)                                                                          | \$ | 5,731.00 |

# State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |            | \$<br>6,975.00  |
|----------------------------------------------------------------------------|------------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |            | \$<br>0.00      |
| 4. Total from Schedule F                                                   |            | \$<br>66,988.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |            | \$<br>73,963.00 |

| Case No. |            |
|----------|------------|
|          | (If known) |

Debtor(s)

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

|                                                        | <del></del>                                |                                       |                                                                                                                |                            |
|--------------------------------------------------------|--------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|
| DESCRIPTION AND LOCATION OF PROPERTY                   | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
| Residence located at: 9247 Goodspeed Street, Durham CA |                                            | С                                     | 290,000,00                                                                                                     | 296.975.00                 |
| Residence located at: 9247 Goodspeed Street, Durham CA |                                            | С                                     | 290,000.00                                                                                                     | 296,975.00                 |
|                                                        |                                            |                                       |                                                                                                                |                            |

TOTAL

290,000.00

(Report also on Summary of Schedules)

| IN | RE | Sauer. | Dirck | Alan . | & | Sauer. | Lori | Dalene |
|----|----|--------|-------|--------|---|--------|------|--------|
|----|----|--------|-------|--------|---|--------|------|--------|

| ene       | Case | No. |  |
|-----------|------|-----|--|
| Debtor(s) |      |     |  |

(If known)

# SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases,

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     |                                                                                                                                                                                                                                               | _       |                                                            |                                       | ,                                                                                                              |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|
|     | TYPE OF PROPERTY .                                                                                                                                                                                                                            | N O N E | .  DESCRIPTION AND LOCATION OF PROPERTY                    | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
| 1.  | Cash on hand.                                                                                                                                                                                                                                 | X       |                                                            |                                       |                                                                                                                |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or                                                                                                                                                                     |         | Business Checking Account<br>Tri Counties Bank No.xxxx6527 | С                                     | 100.00                                                                                                         |
|     | shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit                                                                                                                                     |         | Business Checking Account<br>Rabo Bank No.xxxx5714         | С                                     | 2,000.00                                                                                                       |
|     | unions, brokerage houses, or cooperatives.                                                                                                                                                                                                    |         | Personal Checking Account<br>Tri Counties Bank No.xxxx5518 | С                                     | 100.00                                                                                                         |
|     |                                                                                                                                                                                                                                               |         | Personal Checking Account Chase Bank No.xxxx3034           | С                                     | 100.00                                                                                                         |
|     |                                                                                                                                                                                                                                               |         | Personal Checking Account Rabo Bank No.xxxx7440            | С                                     | 1,000.00                                                                                                       |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.                                                                                                                                                          | x       |                                                            |                                       |                                                                                                                |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.                                                                                                                                                                |         | Household goods and furnishings                            | С                                     | 1,000.00                                                                                                       |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.                                                                                                              | X       |                                                            |                                       |                                                                                                                |
| 6.  | Wearing apparel.                                                                                                                                                                                                                              |         | Clothing                                                   | С                                     | 200.00                                                                                                         |
| 7.  | Furs and jewelry.                                                                                                                                                                                                                             |         | Jewelry                                                    | С                                     | 200.00                                                                                                         |
| 8.  | Firearms and sports, photographic, and other hobby equipment.                                                                                                                                                                                 |         | Sports and Hobbie equipment                                | С                                     | 300.00                                                                                                         |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.                                                                                                                          | X       |                                                            |                                       |                                                                                                                |
| 10. | Annuities. Itemize and name each issue.                                                                                                                                                                                                       | Х       |                                                            |                                       |                                                                                                                |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X       |                                                            |                                       |                                                                                                                |
| 12. | Interests in IRA, ERISA, Keogh, or                                                                                                                                                                                                            |         | Oppenheimer Funds IRA                                      | Н                                     | 3,216.00                                                                                                       |
|     | other pension or profit sharing plans. Give particulars.                                                                                                                                                                                      |         | Pioneer Investments IRA                                    | Н                                     | 927.00                                                                                                         |
|     | ,                                                                                                                                                                                                                                             |         | Vanguard Retirement Account                                | W                                     | 5,901.00                                                                                                       |
|     |                                                                                                                                                                                                                                               |         | 3                                                          |                                       |                                                                                                                |

| IN | Ī | RE | Sauer, | Dirck | Alan | & | Sauer, | Lori | Dalene |
|----|---|----|--------|-------|------|---|--------|------|--------|
|    |   |    |        |       |      |   |        |      |        |

| <u></u> | T . |
|---------|-----|
| Case    | INO |

Debtor(s)

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY    Comparison of the comparison |    |                                                                                                                                                                                                                     |        |                                      |                                       |                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------|---------------------------------------|-------------------------------------------------------------------------------|
| and unincorporated businesses. Itemize.  14. Interests in partnerships or joint ventures. Bernize.  15. Accounts receivable.  16. Accounts receivable.  16. Accounts receivable.  16. Accounts receivable.  16. Accounts receivable.  17. Alimony, maintenance, support, and property settlements in which the debro is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds, Give particulars.  19. Equitable or future interest, life estates, and rights or powers entitled of the schore other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decederal, death benefit plan, life insurance policy, or trust.  21. Other contingent and uniquidated claims of every nature, including tax refunds, counterclaims of the debtor particulars. Continuing personally identifiable information (see Seffend in I U.S. C. § 101(41A)) provided to the debtor or intellectual property. Give particulars.  22. Licenses, franchises, and other intellectual property. Give particulars. Containing personally identifiable information (see Seffend in I U.S. C. § 101(41A)) provided to the debtor or her debtor primarily for personal, family, or household purposes.  23. Automobiles, runcks, trailers, and other vehicles and accessories.  24. Boats, motors, and accessories.  25. Boats, motors, and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, firmishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | TYPE OF PROPERTY                                                                                                                                                                                                    | O<br>N | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR |
| ventures. Itenize.  15. Government and corporate bonds and other negotiable and non-negotiable and non-negotiable and non-negotiable and non-negotiable and property settlements in which the debtor is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and inoncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  21. Other contingent and unaliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other intellectual property. Give particulars containing personally identifiable information (as defined in I U.S. C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  24. Automobiles, trucks, trailers, and other vehicles and accessories.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, molors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13 | and unincorporated businesses.                                                                                                                                                                                      | x      |                                      |                                       |                                                                               |
| other negotiable and non-negotiable instruments.  16. Accounts receivable.  17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interest, life states, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personal, identifiable information (as defined in I U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailes, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14 |                                                                                                                                                                                                                     | Х      |                                      |                                       |                                                                               |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interest, life extexts, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to set off claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 1014(1A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, frucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15 | other negotiable and non-negotiable                                                                                                                                                                                 | X      |                                      |                                       |                                                                               |
| property settlements in which the debot or is or may be entitled. Give particulars.  18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setol'f claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16 | Accounts receivable.                                                                                                                                                                                                | X      |                                      |                                       |                                                                               |
| including tax refunds. Give particulars.  19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | property settlements in which the debtor is or may be entitled. Give particulars.                                                                                                                                   |        |                                      |                                       |                                                                               |
| estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  21. Other contingent and unfluquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 1016(14)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18 | including tax refunds. Give                                                                                                                                                                                         | ×      |                                      |                                       |                                                                               |
| interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19 | estates, and rights or powers<br>exercisable for the benefit of the<br>debtor other than those listed in                                                                                                            | X      |                                      |                                       |                                                                               |
| claims of every nature, including tax refunds, counterclaims of the debtor, and rights to set off claims. Give estimated value of each.  22. Patents, copyrights, and other intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20 | interests in estate of a decedent, death<br>benefit plan, life insurance policy, or                                                                                                                                 | X      |                                      |                                       |                                                                               |
| intellectual property. Give particulars.  23. Licenses, franchises, and other general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 21 | claims of every nature, including tax<br>refunds, counterclaims of the debtor,<br>and rights to setoff claims. Give                                                                                                 | X      |                                      |                                       |                                                                               |
| general intangibles. Give particulars.  24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22 | Patents, copyrights, and other intellectual property. Give particulars.                                                                                                                                             |        |                                      |                                       |                                                                               |
| containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  25. Automobiles, trucks, trailers, and other vehicles and accessories.  26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 23 |                                                                                                                                                                                                                     |        |                                      |                                       |                                                                               |
| other vehicles and accessories.  120,000 miles good condition 2006 Chevy Silverado  C 13,850.0  26. Boats, motors, and accessories. X X 27. Aircraft and accessories. X X 28. Office equipment, furnishings, and X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 24 | containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, | X      |                                      |                                       |                                                                               |
| 26. Boats, motors, and accessories.  27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25 |                                                                                                                                                                                                                     |        | 120,000 miles<br>good condition      |                                       | 7,430.00                                                                      |
| 27. Aircraft and accessories.  28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 26 | Boats motors and accessories                                                                                                                                                                                        | x      |                                      |                                       | 10,000.00                                                                     |
| 28. Office equipment, furnishings, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1  |                                                                                                                                                                                                                     | 1      |                                      |                                       |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1  | Office equipment, furnishings, and                                                                                                                                                                                  | 1      |                                      |                                       |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                     |        | A                                    |                                       |                                                                               |

| ase | No.  |  |
|-----|------|--|
| asc | INO. |  |

Debtor(s)

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY                                                 | N<br>O<br>N<br>E                            | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|------------------------------------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 29. | Machinery, fixtures, equipment, and supplies used in business.   |                                             | Tools, equipment used for business   | С                                     | 2,100.00                                                                                                       |
| 30  | Inventory.                                                       | x                                           |                                      |                                       |                                                                                                                |
| 1   | Animals.                                                         | Х                                           |                                      | İ                                     |                                                                                                                |
|     | Crops - growing or harvested. Give particulars.                  | Х                                           |                                      |                                       |                                                                                                                |
| 33. | Farming equipment and implements.                                | Х                                           |                                      |                                       |                                                                                                                |
| 34. | Farm supplies, chemicals, and feed.                              | X                                           |                                      |                                       |                                                                                                                |
| 35. | Other personal property of any kind not already listed. Itemize. | X                                           |                                      |                                       |                                                                                                                |
|     |                                                                  | Anna park park park park park park park par |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      | -                                     |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             |                                      | -                                     |                                                                                                                |
|     |                                                                  |                                             |                                      |                                       |                                                                                                                |
|     |                                                                  |                                             | 1                                    | OTAL                                  | 38,424.00                                                                                                      |

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

O continuation sheets attached

5

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

| IN I | $\mathbf{RE}$ | Sauer. | Dirck | Alan & | Sauer. | Lori | Dalene |
|------|---------------|--------|-------|--------|--------|------|--------|
|------|---------------|--------|-------|--------|--------|------|--------|

| (If know | wn |
|----------|----|

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor(s)

| Debtor elects    | the exemptions | to which debtor | is entitled | under: |
|------------------|----------------|-----------------|-------------|--------|
| (Charle one box) | =              |                 |             |        |

Check if debtor claims a homestead exemption that exceeds \$146,450. \*

☐ 11 U.S.C. § 522(b)(2) ☑ 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY                                    | SPECIFY LAW PROVIDING EACH EXEMPTION         | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE<br>OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTIONS |
|------------------------------------------------------------|----------------------------------------------|-------------------------------|-----------------------------------------------------------------|
| SCHEDULE B - PERSONAL PROPERTY                             |                                              |                               |                                                                 |
| Business Checking Account Tri Counties Bank No.xxxx6527    | CCCP § 703.140(b)(5)                         | 100.00                        | 100.00                                                          |
| Business Checking Account<br>Rabo Bank No.xxxx5714         | CCCP § 703.140(b)(5)                         | 2,000.00                      | 2,000.00                                                        |
| Personal Checking Account<br>Tri Counties Bank No.xxxx5518 | CCCP § 703.140(b)(5)                         | 100.00                        | 100.00                                                          |
| Personal Checking Account<br>Chase Bank No.xxxx3034        | CCCP § 703.140(b)(5)                         | 100.00                        | 100.00                                                          |
| Personal Checking Account<br>Rabo Bank No.xxxx7440         | CCCP § 703.140(b)(5)                         | 1,000.00                      | 1,000.00                                                        |
| Household goods and furnishings                            | CCCP § 703.140(b)(3)                         | 1,000.00                      | 1,000.00                                                        |
| Clothing                                                   | CCCP § 703.140(b)(3)                         | 200.00                        | 200.00                                                          |
| Jewelry                                                    | CCCP § 703.140(b)(4)                         | 200.00                        | 200.00                                                          |
| Sports and Hobbie equipment                                | CCCP § 703.140(b)(3)                         | 300.00                        | 300.00                                                          |
| Oppenheimer Funds IRA                                      | CCCP § 703.140(b)(10)(E)                     | 3,216.00                      | 3,216.00                                                        |
| Pioneer Investments IRA                                    | CCCP § 703.140(b)(10)(E)                     | 927.00                        | 927.00                                                          |
| Vanguard Retirement Account                                | CCCP § 703.140(b)(10)(E)                     | 5,901.00                      | 5,901.00                                                        |
| 2004 Chevy Trailblazer<br>120,000 miles<br>good condition  | CCCP § 703.140(b)(2)<br>CCCP § 703.140(b)(5) | 3,525.00<br>3,905.00          | 7,430.00                                                        |
| 2006 Chevy Silverado                                       | CCCP § 703.140(b)(5)                         | 1,636.00                      | 13,850.00                                                       |
| Tools, equipment used for business                         | CCCP § 703.140(b)(6)                         | 2,100.00                      | 2,100.00                                                        |
|                                                            |                                              |                               |                                                                 |

<sup>\*</sup> Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| ase | No. |  |  |
|-----|-----|--|--|
|     |     |  |  |

(If known)

C

Debtor(s)

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------|--------------|----------|-------------------------------------------------------------------|------------------------------|
| ACCOUNT NO. 1391                                                                                     |          | С                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mortgage on residence                                                                                |             |              |          | 296,975.00                                                        | 6,975.00                     |
| Chase Home Finance<br>PO Box 78420<br>Phoenix, AZ 85062                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |             |              |          |                                                                   |                              |
|                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VALUE \$ 290,000.00                                                                                  |             |              |          |                                                                   |                              |
| ACCOUNT NO. 6208                                                                                     |          | С                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2006 Chevy Silverado                                                                                 | Г           |              |          | 12,214.00                                                         |                              |
| GMAC<br>PO Box 78252<br>Phoenix, AZ 85062-8252                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VALUE 9 42 050 00                                                                                    |             |              |          |                                                                   |                              |
| ACCOUNT NO.                                                                                          | +        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VALUE \$ 13,850.00                                                                                   |             |              |          |                                                                   |                              |
| Account No.                                                                                          |          | The state of the s | VALUE \$                                                                                             |             |              |          |                                                                   |                              |
| ACCOUNT NO.                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |             |              |          |                                                                   |                              |
|                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VALUE \$                                                                                             |             |              | 1        |                                                                   |                              |
| 0 continuation sheets attached                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Total of th                                                                                         | Sub<br>is p |              |          | \$ 309,189.00                                                     | \$ 6,975.00                  |
|                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Use only on la:                                                                                     | 7           | Cota         | al       | \$ 309,189.00                                                     | \$ 6,975.00                  |
|                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |             |              |          | 4Th 1                                                             |                              |

(Report also on

(If applicable, report Summary of also on Statistical Schedules.) Summary of Certain Liabilities and Related

| RAE | (Official | Form      | (E) | (04/10)   |
|-----|-----------|-----------|-----|-----------|
| DUL | www       | F 131 111 | 135 | 1114/1111 |

© 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| IN  | $\mathbf{p}\mathbf{r}$ | Sauer  | Dirck | Δlan  | ጲ | Sauer  | Lori | Dalene  |
|-----|------------------------|--------|-------|-------|---|--------|------|---------|
| 117 | T. E.                  | Sauel. | DIICK | Miaii | œ | Sauei. | LUII | Daitile |

Debtor(s)

Case No.

(If known)

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to prior listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also the Statistical Summary of Certain Liabilities and Related Data. | ity<br>on |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|--|
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.                                                                                                                                                                                                                                                                                                                        |           |  |  |  |  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)                                                                                                                                                                                                                                                                                                      |           |  |  |  |  |
| Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in U.S.C. § 507(a)(1).                                                                                   | or<br>11  |  |  |  |  |
| Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of tappointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).                                                                                                                                                          | he        |  |  |  |  |
| Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualify independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, of cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).     |           |  |  |  |  |
| Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or to cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).                                                                                                                                           | he        |  |  |  |  |
| Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).                                                                                                                                                                                                                                                         |           |  |  |  |  |
| Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, the were not delivered or provided. 11 U.S.C. § 507(a)(7).                                                                                                                                                                                          | ıat       |  |  |  |  |
| Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).                                                                                                                                                                                                                                       |           |  |  |  |  |
| Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governor of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9)                                                  |           |  |  |  |  |
| Claims for Death or Personal Injury While Debtor Was Intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohola drug, or another substance. 11 U.S.C. § 507(a)(10).                                                                                                                                                         | ol,       |  |  |  |  |
| * Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.                                                                                                                                                                                                                                                                             |           |  |  |  |  |
| ocntinuation sheets attached                                                                                                                                                                                                                                                                                                                                                                                                     |           |  |  |  |  |

| IN I | RE | Sauer, | Dirck | Alan | & | Sauer, | Lori | Dalene |
|------|----|--------|-------|------|---|--------|------|--------|
|------|----|--------|-------|------|---|--------|------|--------|

| De | bto | or(: | ς |
|----|-----|------|---|

| Casa | NΙα  |  |
|------|------|--|
| Case | INO. |  |

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE                                                                 | CONTINGENT   | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|----------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----------|-----------------------|
| ACCOUNT NO. 1002                                                                                   |          | С                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | charge account                                                                                                                                                     |              |              |          | -                     |
| American Express<br>PO Box 0001<br>Los Angeles, CA 90096-8000                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    |              |              |          | 11,324.00             |
| ACCOUNT NO.                                                                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Assignee or other notification for:                                                                                                                                | Н            | $\dashv$     | $\dashv$ | 11,324.00             |
| NCO Financial Systems<br>PO Box 15273<br>Wilmington, DE 19850                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | American Express                                                                                                                                                   |              |              |          |                       |
| ACCOUNT NO. 1000                                                                                   | П        | С                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | charge account                                                                                                                                                     | П            | 1            | П        |                       |
| American Express<br>PO Box 0001<br>Los Angeles, CA 90096-8000                                      |          | Western State of the State of t |                                                                                                                                                                    |              |              |          | 2,109.00              |
| ACCOUNT NO. <b>8786</b>                                                                            |          | С                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | charge account                                                                                                                                                     |              |              |          |                       |
| Bank Of America<br>PO Box 515503<br>Los Angeles, CA 90051-6803                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    |              |              |          | 5,858.00              |
|                                                                                                    | ш        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    | LLI<br>Subi  |              |          |                       |
| 3 continuation sheets attached                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Total of the                                                                                                                                                      |              | age<br>ota   |          | \$ 19,291.00          |
|                                                                                                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the St<br>Summary of Certain Liabilities and Related | also<br>atis | o or         | n<br>al  | \$                    |

© 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| $\sim$ |        | r      |
|--------|--------|--------|
| ('966  | $\sim$ | $\sim$ |
|        |        |        |

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|                                                                                                             |          | (                                     | Continuation Sheet)                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |                       |
|-------------------------------------------------------------------------------------------------------------|----------|---------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UNLIQUIDATED | DISPUTED                                | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 5037                                                                                            |          | С                                     | charge account                                                                                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | П                                       | - "                   |
| Bank Of America<br>PO Box 515503<br>Los Angeles, CA 90051-6803                                              |          |                                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         | 5.400.00              |
| ACCOUNT NO. 4698                                                                                            | ╁        | С                                     | charge account                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         | 5,169.00              |
| Bank Of America<br>PO Box 515503<br>Los Angeles, CA 90051-6803                                              |          |                                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | *************************************** |                       |
| ACCOUNT NO. <b>8616</b>                                                                                     | -        | С                                     | charge account                                                                                     | $\vdash$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                         | 730.00                |
| Care Credit GE Money Bank PO Box 960061 Orlando, FL 32896-0061                                              |          | )                                     | onarge docum                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         | 1,648.00              |
| ACCOUNT NO. 1506                                                                                            | 1        | С                                     | charge account                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |                       |
| Chase<br>PO Box 94104<br>Palatine, IL 60094-4014                                                            |          |                                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         | 825.00                |
| ACCOUNT NO. <b>4018</b>                                                                                     | -        | С                                     | charge account                                                                                     | $\vdash$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Н                                       | 825.00                |
| Chase<br>PO Box 94104<br>Palatine, IL 60094-4014                                                            |          |                                       |                                                                                                    | and the state of t |              |                                         |                       |
| ACCOUNT NO. <b>6829</b>                                                                                     | -        | С                                     | charge account                                                                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -            |                                         | 388.00                |
| Chevron PO Box 530950 Atlanta, GA 30353-0950                                                                |          |                                       | onarge account                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -            |                                         |                       |
| ACCOUNT NO. <b>7760</b>                                                                                     |          | С                                     | charge account                                                                                     | $\vdash$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                         | 1,424.00              |
| Citi Business Card PO Box 688901 Des Moines, IA 50368-8901                                                  |          |                                       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         | 18,566.00             |
| Sheet no. 1 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | 1        | L                                     | (Total of t                                                                                        | Sub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                         | \$ 28,750.00          |
| Seneralic of Creditors Froming Offsecured Montpriority Claims                                               |          |                                       | ) to islot)                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rage<br>Fot: | - 1                                     | <u> </u>              |
|                                                                                                             |          |                                       | (Use only on last page of the completed Schedule F. Repo                                           | t als                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | o 0          | n                                       |                       |

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

se only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

| C    | <b>N</b> T |
|------|------------|
| Case | NO         |
| Case |            |

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|                                                                                                             |          | (                                     | Continuation Sheet)                                                                                |               |              |           |             |                       |
|-------------------------------------------------------------------------------------------------------------|----------|---------------------------------------|----------------------------------------------------------------------------------------------------|---------------|--------------|-----------|-------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT    | UNLIOUIDATED | CHINE     | מיניס ימיני | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 3736                                                                                            |          | С                                     | charge account                                                                                     |               |              | T         | +-          |                       |
| Discover<br>PO Box 6103<br>Carol Stream, IL 60197-6103                                                      |          |                                       |                                                                                                    |               |              |           |             | 2 997 0               |
| ACCOUNT NO. 1846                                                                                            | -        | С                                     | charge account                                                                                     | +             | ŀ            | ł         | +           | 3,887.00              |
| Discover<br>PO Box 6103<br>Carol Stream, IL 60197-6103                                                      |          |                                       |                                                                                                    |               |              |           |             | 2,490.00              |
| ACCOUNT NO. <b>2250</b>                                                                                     | $\vdash$ | С                                     | charge account                                                                                     | _             |              | $\dagger$ | +           | 2,430.00              |
| Lowe's<br>PO Box 530914<br>Atlanta, GA 34678                                                                |          |                                       |                                                                                                    |               |              |           |             |                       |
| ACCOUNT NO. 0818                                                                                            |          | С                                     | charge account                                                                                     | +             | -            | +         | +           | 3,440.00              |
| Shell Oil<br>PO Box 689151<br>Des Moines, IA 50368                                                          |          |                                       |                                                                                                    |               |              |           |             |                       |
| ACCOUNT NO.                                                                                                 | $\vdash$ |                                       | Assignee or other notification for:                                                                |               | +            | +         | +           | 2,008.00              |
| Alliance<br>1684 Woodland Drive<br>Maumee, OH 43537                                                         |          |                                       | Shell Oil                                                                                          |               |              |           |             |                       |
| ACCOUNT NO. 3388                                                                                            | -        | С                                     | charge account                                                                                     |               |              |           | +           |                       |
| Target National Bank<br>PO Box 59317<br>Minneapolis, MN 55459                                               |          |                                       |                                                                                                    |               | e.           |           |             |                       |
| ACCOUNT NO. <b>5518</b>                                                                                     |          | С                                     | overdraft account                                                                                  |               |              | <u> </u>  |             | 2,422.00              |
| Tri Counties Bank<br>PO Box 909<br>Chico, CA 95927                                                          |          |                                       |                                                                                                    |               |              |           |             |                       |
|                                                                                                             |          |                                       |                                                                                                    |               |              |           |             | 2,400.00              |
| Sheet no. 2 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | ·        |                                       | (Total of                                                                                          | Sub<br>this p |              |           | \$          | 16,647.00             |
|                                                                                                             |          |                                       | (Lice only on last page of the completed Schedule F. Penn                                          |               | To           |           |             |                       |

© 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ IN RE Sauer, Dirck Alan & Sauer, Lori Dalene

| Debtor(s) |  |
|-----------|--|

| $\sim$ | 3. T |
|--------|------|
| ( 'ase | NΩ   |
|        |      |

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|-------------------------------------------------------------------------------------------------------------|----------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|----------|-----------------------|
| ACCOUNT NO. 6527                                                                                            |          | С                                     | overdraft account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | $\exists$    | Н        |                       |
| Tri Counties Bank PO Box 909 Chico, CA 95927                                                                |          | )                                     | overtrait account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |              |          | 2,300.00              |
| A COOLINIT NO                                                                                               |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\dashv$    | $\dashv$     | Н        | 2,000.00              |
| ACCOUNT NO.                                                                                                 |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |          |                       |
| ACCOUNT NO.                                                                                                 |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +           | ᅱ            |          |                       |
| ACCOUNT NO.                                                                                                 |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |          |                       |
| 1.000 ID IT 110                                                                                             |          |                                       | WHITE STATE OF THE | $\dashv$    | $\dashv$     | Н        |                       |
| ACCOUNT NO.                                                                                                 |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |          |                       |
| ACCOUNT NO.                                                                                                 |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |          |                       |
| 1 COOLD WOLLD                                                                                               | $\dashv$ |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\dashv$    | $\dashv$     | -        |                       |
| ACCOUNT NO.                                                                                                 |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |          |                       |
| ACCOUNT NO.                                                                                                 |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |          |                       |
|                                                                                                             |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |          |                       |
| Sheet no. 3 of 3 continuation sheets attached to                                                            |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              | $\dashv$ |                       |
| Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | S<br>(Total of thi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ubt<br>s pa | ota<br>age   | 1        | \$ 2,300.00           |

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

26

Total (Use only on last page of the completed Schedule F. Report also on

the Summary of Schedules, and if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

φ **2,000.0** 

66,988.00

| R6C  | (Official) | Form 6G) | (12/07) |
|------|------------|----------|---------|
| DULT | COMECIAN   | rorm our | 112/0/1 |

| IN Kr. Sauer. Dirck Alan & Sauer. Lon Dale | Sauer, Dirck Alan & Sauer, Lori Da | lene |
|--------------------------------------------|------------------------------------|------|
|--------------------------------------------|------------------------------------|------|

| Debtor(s) | ) |
|-----------|---|

| Case No. |            |
|----------|------------|
|          | (If known) |

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST.  STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY.  STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
| •                                                                                     |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
|                                                                                       |                                                                                                                                                                                |
| •                                                                                     |                                                                                                                                                                                |
| •                                                                                     |                                                                                                                                                                                |

| R6H | (Official | Form | (H) | (12/07) |
|-----|-----------|------|-----|---------|
|     |           |      |     |         |

| IN | RE | Sauer, | Dirck | Alan | & | Sauer, | Lori | Dalene |
|----|----|--------|-------|------|---|--------|------|--------|
|----|----|--------|-------|------|---|--------|------|--------|

| Case No. | 101010111111111111111111111111111111111 |
|----------|-----------------------------------------|
|          |                                         |

Debtor(s)

(If known)

# **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
|                              |                              |
|                              | ,                            |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              | 8                            |

| IN | RE | Sauer, | Dirck Alan | & | Sauer. | Lori | Dalene |
|----|----|--------|------------|---|--------|------|--------|
|    |    |        |            |   |        |      |        |

| T | )e | hí | 'n | rí | c' |
|---|----|----|----|----|----|

| _   | -    |   |        |
|-----|------|---|--------|
| - ( | lase | Ν | $\sim$ |

(If known)

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status                                                        |                                                               | DEPENDENTS                                                                                   | OF DEBTOR ANI                                                            | D SPOUSE |          |                    |                                         |
|--------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------|----------|--------------------|-----------------------------------------|
| Married                                                                        |                                                               | RELATIONSHIP(S): Son Son                                                                     |                                                                          |          |          | AGE(S)<br>19<br>17 | d.                                      |
| EMPLOYMENT:                                                                    |                                                               | DEBTOR                                                                                       |                                                                          |          | SPOUSE   |                    |                                         |
| Occupation Name of Employer How long employed Address of Employer              | Owner<br>Sauer Yard S<br>12 years<br>PO Box 276<br>Durham, CA | Service S<br>2<br>8                                                                          | roposal Specia<br>un Guard Publ<br>years<br>90 Fortress<br>hico, CA 9597 | ic Sec   | tor      |                    |                                         |
| •                                                                              | gross wages, sa                                               | r projected monthly income at time case filed alary, and commissions (prorate if not paid mo | •                                                                        | \$<br>   | DEBTOR   | _                  | SPOUSE<br><b>2,000.00</b>               |
| 3. SUBTOTAL                                                                    |                                                               |                                                                                              |                                                                          | \$       | 0.00     | \$                 | 2,000.00                                |
| 4. LESS PAYROL a. Payroll taxes a b. Insurance c. Union dues d. Other (specify | nd Social Secur                                               |                                                                                              |                                                                          | \$<br>\$ |          | \$<br>\$           |                                         |
| 5. SUBTOTAL O                                                                  | F PAYROLL I                                                   | DEDUCTIONS                                                                                   |                                                                          | \$       | 0.00     | \$                 | 1,160.00                                |
| 6. TOTAL NET M                                                                 | ONTHLY TA                                                     | KE HOME PAY                                                                                  |                                                                          | \$       | 0.00     | \$                 | 840.00                                  |
| 8. Income from rea 9. Interest and divide                                      | I property<br>dends<br>tenance or supp                        | of business or profession or farm (attach deta                                               |                                                                          | \$<br>\$ | 5,250.00 | \$                 |                                         |
| 11 Social Security                                                             | or other govern                                               | nment assistance                                                                             |                                                                          |          |          |                    |                                         |
| (Specify)                                                                      | rament income                                                 | illient assistance                                                                           |                                                                          | \$<br>\$ |          | \$<br>\$           |                                         |
| 13. Other monthly                                                              | income                                                        |                                                                                              |                                                                          | Φ        |          | Φ                  |                                         |
|                                                                                |                                                               |                                                                                              |                                                                          | \$       | ·····    | \$                 |                                         |
| ***************************************                                        | <del></del>                                                   |                                                                                              |                                                                          | \$       |          | \$                 | *************************************** |
|                                                                                |                                                               |                                                                                              |                                                                          | \$       |          | \$                 |                                         |

# 14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

| \$<br>5,250.00 | \$<br>       |
|----------------|--------------|
| \$<br>5,250.00 | \$<br>840.00 |

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

|   | 0 |
|---|---|
|   |   |
|   |   |
| Ψ |   |
|   |   |
|   |   |
|   |   |
|   |   |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

© 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| IN RE Sauer, Dirck Alan & Sauer, L | _ori | ı Dal | ene |
|------------------------------------|------|-------|-----|
|------------------------------------|------|-------|-----|

| De | htc | rr(s |  |
|----|-----|------|--|

| 0    | T. T. |
|------|-------|
| Case | No    |

(If known)

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed          |
| on Form22A or 22C.                                                                                                                                                           |

| Check this      | box if a joint | petition is | s filed and | debtor's spouse | e maintains | a separate | household. | Complete a | separate sche | dule of |
|-----------------|----------------|-------------|-------------|-----------------|-------------|------------|------------|------------|---------------|---------|
| expenditures la | beled "Spouse  | ·."         |             |                 |             |            |            |            |               |         |

| 1. Rent or home mortgage payment (include lot rented for mobile home)                                      | \$     | 950.00                                        |
|------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------|
| a. Are real estate taxes included? Yes No V  b. Is property insurance included? Yes No V                   |        |                                               |
| 2. Utilities:                                                                                              |        |                                               |
| a. Electricity and heating fuel                                                                            | ¢      | 250.00                                        |
| b. Water and sewer                                                                                         | \$     | 30.00                                         |
| c. Telephone                                                                                               | \$     | 120.00                                        |
| d. Other See Schedule Attached                                                                             | \$<br> | 305.00                                        |
|                                                                                                            | \$     |                                               |
| 3. Home maintenance (repairs and upkeep)                                                                   | \$     | 50.00                                         |
| 4. Food                                                                                                    | \$     | 900.00                                        |
| 5. Clothing                                                                                                | \$     | 150.00                                        |
| 5. Laundry and dry cleaning                                                                                | \$     | 50.00                                         |
| 7. Medical and dental expenses                                                                             | \$     | 100.00                                        |
| B. Transportation (not including car payments)                                                             | \$     | 400.00                                        |
| P. Recreation, clubs and entertainment, newspapers, magazines, etc.                                        | \$     | 50.00                                         |
| 0. Charitable contributions                                                                                | \$     | 50.00                                         |
| 1. Insurance (not deducted from wages or included in home mortgage payments)                               |        |                                               |
| a. Homeowner's or renter's                                                                                 | \$     | 50.00                                         |
| b. Life                                                                                                    | \$     | 32.00                                         |
| c. Health                                                                                                  | \$     | 230.00                                        |
| d. Auto                                                                                                    | \$     |                                               |
| e. Other                                                                                                   | \$     |                                               |
|                                                                                                            | \$     |                                               |
| 2. Taxes (not deducted from wages or included in home mortgage payments)                                   | Φ.     |                                               |
| (Specify) Property Taxes                                                                                   | \$     | 200.00                                        |
| 3. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) |        |                                               |
| a. Auto                                                                                                    | \$     | 469.00                                        |
| b. Other                                                                                                   | \$     |                                               |
|                                                                                                            |        |                                               |
| 4. Alimony, maintenance, and support paid to others                                                        | \$     |                                               |
| 5. Payments for support of additional dependents not living at your home                                   | \$     | 339971109941444144141414141414141414141414141 |
| 6. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$     | 1,519.00                                      |
| 7. Other                                                                                                   | \$     |                                               |
|                                                                                                            | \$     |                                               |
|                                                                                                            | \$     |                                               |

applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$\_\_\_\_\_6,305.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

# 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15  | of Schedule I | \$6,090.00 |
|-----------------------------------------|---------------|------------|
| b. Average monthly expenses from Line 1 | 18 above      | \$6,305.00 |
| c. Monthly net income (a minus b)       |               | \$ -215.00 |

| IN RE | Sauer. | Dirck | Alan | & Sauer | . Lori | Dalene |
|-------|--------|-------|------|---------|--------|--------|
|       | -uuoi, |       | ,    | o ouaci | ,      | Duicin |

Case No.

Debtor(s)

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Continuation Sheet - Page 1 of 1

| \$ 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 (1985) 10 ( |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Other Utilities (DEBTOR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| Cell Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100.00 |
| Cable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 120.00 |
| Internet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 50.00  |
| Garbage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 35.00  |

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| IN  | $\mathbf{p}\mathbf{r}$ | Sauer, | Dirck | Δlan  | ጲ | Sauer  | Lori | Dalana |
|-----|------------------------|--------|-------|-------|---|--------|------|--------|
| 117 | KE                     | Jauei, | DIICK | Alall | œ | Sauer. | LON  | Dalene |

| Del | hto | rl c | ٠ |
|-----|-----|------|---|

| $C_{\alpha\alpha\alpha}$ | NI. |
|--------------------------|-----|
| Case                     | No  |

(If known)

# DECLARATION CONCERNING DEBTOR'S SCHEDULES

# DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|                                                               | perjury that I have read the foreg<br>t of my knowledge, information,                                                                                                    |                                                       | nedules, consisting of                                     | 18 sheets, and that they are                                        |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|
| Date: //-24 - /(                                              | Signature:                                                                                                                                                               | Alan Sauer                                            | he                                                         | Debtor                                                              |
| Date: //-24-10                                                | Signature: Signature:                                                                                                                                                    | TeDSAUM<br>Dalene Sauer                               |                                                            | (Joint Debtor, if any)                                              |
| - Mariana                                                     |                                                                                                                                                                          |                                                       | [If joint                                                  | case, both spouses must sign.]                                      |
| DECLARATION                                                   | AND SIGNATURE OF NON-ATT                                                                                                                                                 | ORNEY BANKRUPTC                                       | Y PETITION PREPARER                                        | (See 11 U.S.C. § 110)                                               |
| compensation and have provi<br>and 342 (b); and, (3) if rules | erjury that: (1) I am a bankruptcy ded the debtor with a copy of this do or guidelines have been promulgat, I have given the debtor notice of th quired by that section. | ocument and the notices a<br>ted pursuant to 11 U.S.C | and information required ur<br>. § 110(h) setting a maximi | nder 11 U.S.C. §§ 110(b), 110(h), um fee for services chargeable by |
| Printed or Typed Name and Title                               | if any, of Bankruptcy Petition Preparer                                                                                                                                  |                                                       | Social Security N                                          | No. (Required by 11 U.S.C. § 110.)                                  |
| If the bankruptcy petition processible person, or partners    | eparer is not an individual, state the rwho signs the document.                                                                                                          | ne name, title (if any), a                            | ddress, and social security<br>                            | number of the officer, principal,                                   |
| Address                                                       |                                                                                                                                                                          |                                                       |                                                            |                                                                     |
| Signature of Bankruptcy Petition                              | Preparer                                                                                                                                                                 |                                                       | Date                                                       |                                                                     |
| Names and Social Security nuis not an individual:             | mbers of all other individuals who p                                                                                                                                     | repared or assisted in pre                            | paring this document, unles                                | ss the bankruptcy petition preparer                                 |
| If more than one person prep                                  | ared this document, attach addition                                                                                                                                      | nal signed sheets conforn                             | ning to the appropriate Offi                               | icial Form for each person.                                         |
| A bankruptcy petition prepar<br>imprisonment or both. 11 U.   | er's failure to comply with the provi<br>S.C. § 110; 18 U.S.C. § 156.                                                                                                    | sion of title 11 and the F                            | ederal Rules of Bankruptcy                                 | Procedure may result in fines or                                    |
| DECLARATIO                                                    | ON UNDER PENALTY OF PER                                                                                                                                                  | RJURY ON BEHALF                                       | OF CORPORATION O                                           | R PARTNERSHIP                                                       |
| I, the                                                        |                                                                                                                                                                          | _ (the president or othe                              | er officer or an authorize                                 | d agent of the corporation or a                                     |
| (corporation or partnership                                   | gent of the partnership) of the b) named as debtor in this case, sheets (total shown on and belief.                                                                      | declare under penalty                                 | of perjury that I have rea<br>), and that they are true    | ad the foregoing summary and and correct to the best of my          |
| Date:                                                         | Signature:                                                                                                                                                               |                                                       |                                                            | •                                                                   |
|                                                               |                                                                                                                                                                          |                                                       |                                                            |                                                                     |
|                                                               |                                                                                                                                                                          |                                                       | (Print or ty                                               | ype name of individual signing on behalf of debtor)                 |

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

# @ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# United States Bankruptcy Court Eastern District of California

| IN RE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Case No.   | *************************************** | -            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------|--------------|
| Sauer, Dirck Alan & Sauer, Lori Dalene  Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Chapter 7  | *************************************** |              |
| BUSINESS INCOME AND EXPENSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ES         |                                         |              |
| FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (Note: ONLY INCLUD) operation.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | lated to                                | the business |
| PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | ·                                       |              |
| 1. Gross Income For 12 Months Prior to Filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$         |                                         |              |
| PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                         |              |
| 2. Gross Monthly Income:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | \$                                      | 5,250.00     |
| PART C - ESTIMATED FUTURE MONTHLY EXPENSES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                         |              |
| <ol> <li>Net Employee Payroll (Other Than Debtor)</li> <li>Payroll Taxes</li> <li>Unemployment Taxes</li> <li>Worker's Compensation</li> <li>Other Taxes</li> <li>Inventory Purchases (Including raw materials)</li> <li>Purchase of Feed/Fertilizer/Seed/Spray</li> <li>Rent (Other than debtor's principal residence)</li> <li>Utilities</li> <li>Office Expenses and Supplies</li> <li>Repairs and Maintenance</li> <li>Vehicle Expenses</li> <li>Travel and Entertainment</li> <li>Equipment Rental and Leases</li> <li>Legal/Accounting/Other Professional Fees</li> <li>Insurance</li> <li>Employee Benefits (e.g., pension, medical, etc.)</li> <li>Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify):</li> </ol> | \$         |                                         |              |
| 21. Other (Specify): See Continuation Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$1,519.00 |                                         |              |
| 22. Total Monthly Expenses (Add items 3-21)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | \$                                      | 1,519.00     |
| PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                         |              |
| 23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | \$                                      | 3,731.00     |

# BUSINESS INCOME AND EXPENSES

**Continuation Sheet - Page 1 of 1** 

| 0.1                           |        |
|-------------------------------|--------|
| Other:                        |        |
| Advertising                   | 200.00 |
| Bank Charges                  | 125.00 |
| Dues And Subscriptions        | 15.00  |
| Dump Fees                     | 40.00  |
| Insurance                     | 100.00 |
| Labor                         | 200.00 |
| Laundry And Uniforms          | 100.00 |
| Office Supplies               | 50.00  |
| Misc. Expenses                | 100.00 |
| Postage                       | 50.00  |
| Rent                          | 75.00  |
| Repairs And Maintanance       | 80.00  |
| Telephone                     | 122.00 |
| Travel                        | 40.00  |
| Utilities                     | 200.00 |
| Web Hosting And Internet Fees | 22.00  |
|                               |        |

# © 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# **United States Bankruptcy Court**

| Eastern District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IN RE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sauer, Dirck Alan & Sauer, Lori Dalene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Chapter 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| STATEMENT OF FIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NANCIAL AFFAIRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| This statement is to be completed by every debtor. Spouses filing a joint pet is combined. If the case is filed under chapter 12 or chapter 13, a married debt is filed, unless the spouses are separated and a joint petition is not filed. An farmer, or self-employed professional, should provide the information request personal affairs. To indicate payments, transfers and the like to minor childr or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disc                                                                                                                                                                           | or must furnish information for both spouses whether or not a joint petition individual debtor engaged in business as a sole proprietor, partner, family ed on this statement concerning all such activities as well as the individual's en, state the child's initials and the name and address of the child's parent                                                                                                                                                                                                                                  |
| Questions 1 - 18 are to be completed by all debtors. Debtors that are or ha 25. If the answer to an applicable question is "None," mark the box laber use and attach a separate sheet properly identified with the case name, case in                                                                                                                                                                                                                                                                                                                                                                                                                                 | eled "None." If additional space is needed for the answer to any question                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DEFINIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| "In business." A debtor is "in business" for the purpose of this form if the d for the purpose of this form if the debtor is or has been, within six years imm an officer, director, managing executive, or owner of 5 percent or more of the partner, of a partnership; a sole proprietor or self-employed full-time or part-t form if the debtor engages in a trade, business, or other activity, other than as a "Insider." The term "insider" includes but is not limited to: relatives of the which the debtor is an officer, director, or person in control; officers, directo a corporate debtor and their relatives; affiliates of the debtor and insiders of | ediately preceding the filing of this bankruptcy case, any of the following evoting or equity securities of a corporation; a partner, other than a limited time. An individual debtor also may be "in business" for the purpose of this in employee, to supplement income from the debtor's primary employment. The debtor; general partners of the debtor and their relatives; corporations of rs, and any owner of 5 percent or more of the voting or equity securities of                                                                            |
| including part-time activities either as an employee or in independent case was commenced. State also the gross amounts received during maintains, or has maintained, financial records on the basis of a fisc beginning and ending dates of the debtor's fiscal year.) If a joint petitic                                                                                                                                                                                                                                                                                                                                                                            | oyment, trade, or profession, or from operation of the debtor's business, trade or business, from the beginning of this calendar year to the date this the <b>two years</b> immediately preceding this calendar year. (A debtor that all rather than a calendar year may report fiscal year income. Identify the on is filed, state income for each spouse separately. (Married debtors filing ether or not a joint petition is filed, unless the spouses are separated and a                                                                           |
| 17,392.00 YTD Income from employment (codebtor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 63,886.00 2009 Joint Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 49,688.00 2008 Joint Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2. Income other than from employment or operation of business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | informant to de no Continuo annotation of the Artist No. 11. 11. 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| two years immediately preceding the commencement of this case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | aployment, trade, profession, operation of the debtor's business during the Give particulars. If a joint petition is filed, state income for each spouse total income for each spouse whether or not a joint petition is filed, unless total income for each spouse whether or not a joint petition is filed, unless total income for each spouse whether or not a joint petition is filed, unless total income for each spouse whether or not a joint petition is filed, unless total income for each spouse whether or not a joint petition in filed. |

separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Only                   |
|------------------------|
| Software               |
| - Forms                |
| [1-800-998-2424]       |
| <u>5</u>               |
| @ 1993-2010 EZ-Filing, |

| NAME OF TAXABLE PARTY. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| None                   | b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) |
|                        | st Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| None                   | c. All debtors: List all payments made within <b>one year</b> immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4. Su                  | its and administrative proceedings, executions, garnishments and attachments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| None                   | a. List all suits and administrative proceedings to which the debtor is or was a party within <b>one year</b> immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                                          |
| None                   | b. Describe all property that has been attached, garnished or seized under any legal or equitable process within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. Re                  | possessions, foreclosures and returns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| None                   | List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                      |
| 6. As                  | signments and receiverships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| None                   | a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| None                   | b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7. Gi                  | fts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| None                   | List all gifts or charitable contributions made within <b>one year</b> immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                        |
| 8. Lo                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| None                   | List all losses from fire, theft, other casualty or gambling within <b>one year</b> immediately preceding the commencement of this case <b>or since the commencement of this case</b> . (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 9. Pa                  | yments related to debt counseling or bankruptcy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| None                   | List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys. for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within <b>one year</b> immediately preceding the commencement of this case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

NAME AND ADDRESS OF PAYEE Douglas B. Jacobs 20 Independence Circle Chico, CA 95973

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR **October 2010** 

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 1,500.00

### 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

## 11. Closed financial accounts



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 12. Safe deposit boxes



None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 14. Property held for another person

List all property owned by another person that the debtor holds or controls.



### 15. Prior address of debtor



If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

### 16. Spouses and Former Spouses



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case. identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

## 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| 18. N                                                                           | ature, location and name of b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| None                                                                            | of all businesses in which the proprietor, or was self-employ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | list the names, addresses, taxpared debtor was an officer, directoryed in a trade, profession, or or in which the debtor owned 5 of this case.                                                                                                                                                                                                                                                                                                                                                      | r, partner, or managing executi<br>ther activity either full- or part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ve of a corporation, partnetime within six years im                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ner in a partnership, sole<br>mediately preceding the                                                                                                                                                       |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ist the names, addresses, taxpay<br>debtor was a partner or owned<br>of this case.                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ist the names, addresses, taxpay<br>debtor was a partner or owned<br>of this case.                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
| NAM<br>Saud                                                                     | IE<br>er Yard Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LAST FOUR DIGITS OF SOCIAL- SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/COMPLETE EIN                                                                                                                                                                                                                                                                                                                                                                                                      | ADDRESS<br>PO Box 276<br>Durham, CA 95938                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NATURE OF<br>BUSINESS<br><b>Yard Maint.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BEGINNING AND<br>ENDING DATES<br>2008 to present                                                                                                                                                            |
| None                                                                            | b. Identify any business listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in response to subdivision a., a                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | bove, that is "single asset real e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | state" as defined in 11 U.S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S.C. § 101.                                                                                                                                                                                                 |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *****                                                                                                                                                                                                       |
| six yes 5 per in a t                                                            | following questions are to be concars immediately preceding the cont of the voting or equity securade, profession, or other activity adividual or joint debtor should immediately preceding the contacture page.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | commencement of this case, any arities of a corporation; a partner cy, either full- or part-time.  complete this portion of the state.                                                                                                                                                                                                                                                                                                                                                              | of the following: an officer, di<br>r, other than a limited partner, o<br>tement only if the debtor is or ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rector, managing executiv<br>f a partnership, a sole prop<br>as been in business, as defi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e, or owner of more than prietor, or self-employed ined above, within the six                                                                                                                               |
| six ye<br>5 per<br>in a t<br>(An i<br>years<br>signo                            | ears immediately preceding the of cent of the voting or equity securade, profession, or other activity advisional or joint debtor should immediately preceding the confidence of the confidence immediately preceding the confidence in the confi | commencement of this case, any arities of a corporation; a partner, either full- or part-time.  complete this portion of the star amencement of this case. A delancement of this case.                                                                                                                                                                                                                                                                                                              | of the following: an officer, di<br>r, other than a limited partner, o<br>tement only if the debtor is or ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rector, managing executiv<br>f a partnership, a sole prop<br>as been in business, as defi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e, or owner of more than prietor, or self-employed ined above, within the six                                                                                                                               |
| six ye<br>5 per<br>in a t<br>(An i<br>years<br>signo                            | ears immediately preceding the cent of the voting or equity securade, profession, or other activity addividual or joint debtor should immediately preceding the construre page.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | commencement of this case, any arities of a corporation; a partner, by, either full- or part-time.  complete this portion of the standard mencement of this case. A delimentary attements  ountants who within the two ye                                                                                                                                                                                                                                                                           | of the following: an officer, direction, other than a limited partner, of the debtor is or he officer who has not been in business.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rector, managing executive for a partnership, a sole properties been in business, as defices within those six years and the second six years are second six years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e, or owner of more than prietor, or self-employed in the six ned above, within the six should go directly to the                                                                                           |
| six yes 5 per in a t (An i years signate 19. E                                  | ears immediately preceding the cent of the voting or equity securade, profession, or other activity additional or joint debtor should a immediately preceding the construct page.)  Tooks, records and financial state a. List all bookkeepers and accedeeping of books of account and EAND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | commencement of this case, any arities of a corporation; a partner cy, either full- or part-time.  complete this portion of the state and the case. A delignmencement of this case. A delignments  ountants who within the two yeard records of the debtor.                                                                                                                                                                                                                                         | or of the following: an officer, direction, other than a limited partner, of the debtor is or he officer who has not been in business are immediately preceding the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rector, managing executive for a partnership, a sole properties been in business, as defices within those six years and the second six years are second six years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e, or owner of more than prietor, or self-employed ined above, within the six should go directly to the six see kept or supervised the                                                                      |
| six yes 5 per in a t (An i years signate)  19. E  None                          | ears immediately preceding the cent of the voting or equity securade, profession, or other activity additional or joint debtor should a immediately preceding the construct page.)  Tooks, records and financial state a. List all bookkeepers and accedeeping of books of account and EAND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | commencement of this case, any rities of a corporation; a partner, ey, either full- or part-time.  complete this portion of the standard mencement of this case. A delegatements  ountants who within the two yeard records of the debtor.  DATE:  who within the two years immediately income and the conditions are the conditions.                                                                                                                                                               | of the following: an officer, dir, other than a limited partner, of the debtor is or had been in business.  ars immediately preceding the following the foll | rector, managing executive of a partnership, a sole properties been in business, as defices within those six years within those six years willing of this bankruptcy case bank | e, or owner of more than prietor, or self-employed ined above, within the six should go directly to the use kept or supervised the little the books of account                                              |
| six yes 5 per in a t (An i years signate)  None  NAM  Self                      | ears immediately preceding the cent of the voting or equity securade, profession, or other activity additional or joint debtor should a immediately preceding the construct page.)  sooks, records and financial state.  a. List all bookkeepers and acce keeping of books of account and the AND ADDRESS  b. List all firms or individuals wand records, or prepared a financial firms or individuals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | commencement of this case, any rities of a corporation; a partner, ey, either full- or part-time.  complete this portion of the standard mencement of this case. A delegatements  ountants who within the two yeard records of the debtor.  DATE:  who within the two years immediately income and the conditions are the conditions.                                                                                                                                                               | of the following: an officer, dir, other than a limited partner, of the debtor is or he otor who has not been in business.  ars immediately preceding the files SERVICES RENDERED  diately preceding the filing of this are common to this case were in possible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rector, managing executive far partnership, a sole properties been in business, as defices within those six years are filling of this bankruptcy case bankruptcy case bankruptcy case bankruptcy case bankruptcy case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e, or owner of more than prietor, or self-employed ined above, within the six should go directly to the use kept or supervised the little the books of account                                              |
| Six yes 5 per in a t (An i years signated)  19. E  None  None  None             | ears immediately preceding the cont of the voting or equity secular rade, profession, or other activition and interest of the voting or equity secular rade, profession, or other activition and interest of the continue page.)  Sooks, records and financial state a. List all bookkeepers and accede keeping of books of account and EAND ADDRESS  b. List all firms or individuals wand records, or prepared a financial firms or individuals debtor. If any of the books of account and the continue of the conti | commencement of this case, any rities of a corporation; a partner, by, either full- or part-time.  complete this portion of the standard mencement of this case. A deliments  ountants who within the two yeard records of the debtor.  DATE:  who within the two years immediancial statement of the commencement of the commencement account and records are not available.  s, creditors, and other parties, in tely preceding the commencement.                                                 | of the following: an officer, dir, other than a limited partner, of the ment only if the debtor is or he otor who has not been in business.  ars immediately preceding the filing of this distely preceding the filing of the filing of this distely preceding the filing of this distely.                                                                                                                                                                              | rector, managing executive of a partnership, a sole property of a partnership, a sole property of a seen in business, as definess within those six years are filling of this bankruptcy case bankruptcy case bankruptcy cases bankr | e, or owner of more than prietor, or self-employed ined above, within the six should go directly to the use kept or supervised the litted the books of account and records of the ecount and records of the |
| Six yes 5 per in a t (An i years signal None None None None None None None None | ears immediately preceding the cont of the voting or equity secular rade, profession, or other activition and interest of the voting or equity secular rade, profession, or other activition and interest of the continue page.)  Sooks, records and financial state a. List all bookkeepers and accede keeping of books of account and EAND ADDRESS  b. List all firms or individuals wand records, or prepared a financial firms or individuals debtor. If any of the books of account and the continue of the conti | commencement of this case, any rities of a corporation; a partner by, either full- or part-time.  complete this portion of the standard mencement of this case. A delignment of this case. A delignment of the debtor.  DATE:  who within the two years immediancial statement of the debtor.  who at the time of the comment account and records are not available.  s, creditors, and other parties, in                                                                                           | of the following: an officer, dir, other than a limited partner, of the ment only if the debtor is or he otor who has not been in business.  ars immediately preceding the filing of this distely preceding the filing of the filing of this distely preceding the filing of this distely.                                                                                                                                                                              | rector, managing executive of a partnership, a sole property of a partnership, a sole property of a seen in business, as definess within those six years are filling of this bankruptcy case bankruptcy case bankruptcy cases bankr | e, or owner of more than prietor, or self-employed ined above, within the six should go directly to the use kept or supervised the litted the books of account and records of the ecount and records of the |
| Six yes 5 per in a t (An i years signal None None None None None None None None | ears immediately preceding the cent of the voting or equity securade, profession, or other activity addividual or joint debtor should immediately preceding the constitute page.)  Sooks, records and financial state.  a. List all bookkeepers and accedeeping of books of account and EAND ADDRESS  b. List all firms or individuals wand records, or prepared a financial state. List all firms or individuals debtor. If any of the books of a d. List all firms or individuals within the two years immediant the two yea | commencement of this case, any rities of a corporation; a partner by, either full- or part-time.  complete this portion of the standard mencement of this case. A delignmencement of this case. A delignmencement of the debtor.  DATE:  who within the two years immediancial statement of the debtor.  who at the time of the commencement account and records are not available. So, creditors, and other parties, in tely preceding the commencement of inventories taken of your properations. | of the following: an officer, dir, other than a limited partner, of the ment only if the debtor is or he otor who has not been in busines.  ars immediately preceding the filing of this case were in possible, explain.  including mercantile and trade a ent of the case by the debtor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rector, managing executive of a partnership, a sole property as been in business, as defices within those six years are filing of this bankruptcy case bankruptcy cases bankruptcy case bankruptcy cases bankruptcy cases bankruptcy cases bankruptcy case bankruptcy cases bankruptcy cases bankruptcy case bankruptcy case bankruptcy case bankruptcy cases bankruptcy ca | e, or owner of more than prietor, or self-employed ined above, within the six should go directly to the use kept or supervised the little the books of account and records of the cial statement was issued |

DATE OF INVENTORY

INVENTORY SUPERVISOR None

DOLLAR AMOUNT OF INVENTORY (Specify cost, market, or other basis)

@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

0 continuation pages attached

# **United States Bankruptcy Court Eastern District of California**

| IN RE:                                                                                                        |                              | Case No.                                                                                |                                                                      |
|---------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Sauer, Dirck Alan & Sauer, Lori Dalene                                                                        |                              |                                                                                         | Chapter 7                                                            |
|                                                                                                               | Debtor(s)                    |                                                                                         |                                                                      |
| CHAPTER 7 I                                                                                                   | NDIVIDUAL DEBTO              | DR'S STATEMEN                                                                           | T OF INTENTION                                                       |
| PART A – Debts secured by property of testate. Attach additional pages if necessary                           |                              | e fully completed for I                                                                 | EACH debt which is secured by property of the                        |
| Property No. 1                                                                                                |                              |                                                                                         |                                                                      |
| Creditor's Name: Chase Home Finance                                                                           |                              | Describe Property Securing Debt: Residence located at: 9247 Goodspeed Street, Durham CA |                                                                      |
| Property will be (check one):  ☐ Surrendered ✓ Retained                                                       |                              |                                                                                         | •                                                                    |
| If retaining the property, I intend to <i>(che</i> ☐ Redeem the property ☑ Reaffirm the debt ☐ Other. Explain | eck at least one):           | (for e                                                                                  | example, avoid lien using 11 U.S.C. § 522(f)).                       |
| Property is <i>(check one)</i> : ☐ Claimed as exempt ✓ Not claime                                             | d as exempt                  |                                                                                         |                                                                      |
| Property No. 2 (if necessary)                                                                                 |                              |                                                                                         |                                                                      |
| Creditor's Name:                                                                                              |                              | Describe Property<br>2006 Chevy Silver                                                  |                                                                      |
| Property will be <i>(check one)</i> :  ☐ Surrendered <b>✓</b> Retained                                        |                              | •                                                                                       |                                                                      |
| If retaining the property, I intend to <i>(che</i> ☐ Redeem the property ☑ Reaffirm the debt ☐ Other. Explain | eck at least one):           | (for e                                                                                  | example, avoid lien using 11 U.S.C. § 522(f)).                       |
| Property is <i>(check one)</i> :  ✓ Claimed as exempt ☐ Not claime                                            |                              | ·                                                                                       | 3 3. (7)                                                             |
| PART B – Personal property subject to un additional pages if necessary.)                                      | expired leases. (All three o | columns of Part B mus                                                                   | st be completed for each unexpired lease. Attach                     |
| Property No. 1                                                                                                |                              |                                                                                         |                                                                      |
| Lessor's Name:                                                                                                | Describe Leased              | Property:                                                                               | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):             |
| Property No. 2 (if necessary)                                                                                 |                              |                                                                                         |                                                                      |
| Lessor's Name:                                                                                                | Describe Leased              | Property:                                                                               | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |
| continuation sheets attached (if any)                                                                         |                              |                                                                                         |                                                                      |
| I declare under penalty of perjury that<br>personal property subject to an unexpi                             |                              | intention as to any                                                                     | property of my estate securing a debt and/or                         |
| Date://-24-/0                                                                                                 | Signature of Debtor          | Sauer                                                                                   |                                                                      |
|                                                                                                               | Trub                         | James_                                                                                  |                                                                      |

Signature of Joint Debtor

# @ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# United States Bankruptcy Court Eastern District of California

| IN       | IN RE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Case No.                                              |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Sa       | Sauer, Dirck Alan & Sauer, Lori Dalene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chapter 7                                             |
|          | Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |
|          | DISCLOSURE OF COMPENSATION OF ATTORNEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Y FOR DEBTOR                                          |
| 1.       | <ol> <li>Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-n one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to of or in connection with the bankruptcy case is as follows:</li> </ol>                                                                                                                                                                                                                 |                                                       |
|          | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1,500.00                                            |
|          | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ 1,500.00                                           |
|          | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$0.00                                                |
| 2.       | 2. The source of the compensation paid to me was: Debtor Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |
| 3.       | 3. The source of compensation to be paid to me is:  Debtor Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |
| 4.       | 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members.                                                                                                                                                                                                                                                                                                                                                                                                                  | bers and associates of my law firm.                   |
|          | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |
|          | together with a list of the names of the people sharing in the compensation, is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                      | , or accounted or my tan immer copy or all agreement, |
| 5.       | 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy can                                                                                                                                                                                                                                                                                                                                                                                                          | se, including:                                        |
|          | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned here</li> <li>d. Representation of the debtor in adversary proceedings and other contested bankruptey matters;</li> <li>e. [Other provisions as needed]</li> </ul> |                                                       |
| 6.       | 6. By agreement with the debtor(s), the above disclosed fee does not include the following services:                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          | CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
|          | I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for repre-                                                                                                                                                                                                                                                                                                                                                                                                              | esentation of the debtor(s) in this bankruptcy        |
| ļ      ' |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|          | 1/12/2010) / W/G W/ B / AU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |
|          | Date Douglas B. Jacobé 084153 Douglas B. Jacobs Gacobs, Anderson, Potter and Chapter 20 Independence Circle Chico, CA 95973                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |
|          | djacobs@jacobsanderson.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |



Send to Printer

### advertisement



# 2006 Chevrolet Silverado 1500 Regular Cab LT Pickup 2D 6 1/2 ft

advertisement

## **BLUE BOOK® PRIVATE PARTY VALUE**



Condition Value

**Excellent** 

\$15,705

Good

\$14,980

Fair

\$13,805

(Selected)

## Vehicle Highlights

Mileage: Engine:

50,000

Transmission:

V8, 4.8 Liter

**Drivetrain:** 

Automatic

4WD

## Selected Equipment

## Standard

Air Conditioning

Tilt Wheel

Dual Air Bags

Power Steering

Cruise Control AM/FM Stereo ABS (4-Wheel)

Power Windows

Premium Wheels

Power Door Locks

CD (Single Disc)

# **Blue Book Private Party Value**

Kelley Blue Book Private Party Value is the amount a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than any remaining factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation purposes.

# **Vehicle Condition Ratings**

## **Excellent**

\$15,705

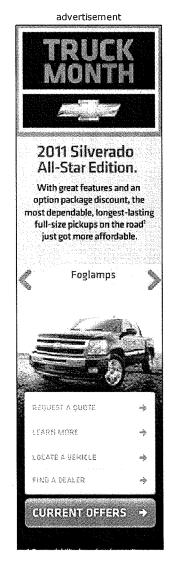
- · Looks new, is in excellent mechanical condition and needs no reconditioning.
- Never had any paint or body work and is free of rust.
- Clean title history and will pass a smog and safety inspection.
- Engine compartment is clean, with no fluid leaks and is free of any wear or visible defects.
- · Complete and verifiable service records.

Less than 5% of all used vehicles fall into this category.

## Good

PAPAPAPA

¢14 020





Send to Printer

advertisement

definedundefinedun**ន់ទីង**ដីទ

undefined 95926

undefined

**CHEVROLET** 

undefined

undefined >

# 2004 Chevrolet TrailBlazer LS Extended Sport Utility 4D

advertisement

# **BLUE BOOK® PRIVATE PARTY VALUE**



Condition

Value

Excellent

\$9,205

Good

\$8,530

Fair

\$7,430

(Selected)

## **Vehicle Highlights**

Mileage: Engine:

120,000

6-Cyl, 4.2 Liter

Transmission:

Automatic

**Drivetrain:** 

4WD

## Selected Equipment

## Standard

Air Conditioning Power Steering

Cruise Control AM/FM Stereo

Privacy Glass Towing Pkg

Power Windows

CD (Single Disc)

Alloy Wheels

Power Door Locks

Dual Air Bags

Tilt Wheel

ABS (4-Wheel)

## **Blue Book Private Party Value**

Kelley Blue Book Private Party Value is the amount a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than any remaining factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation purposes.

## **Vehicle Condition Ratings**

# **Excellent**

\$9,205

• Looks new, is in excellent mechanical condition and needs no reconditioning.

· Never had any paint or body work and is free of rust.

Clean title history and will pass a smog and safety inspection.

• Engine compartment is clean, with no fluid leaks and is free of any wear or visible defects.

· Complete and verifiable service records.

Less than 5% of all used vehicles fall into this category.

### Good

